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7590

01/16/2004

Crowell Moring 1001 Pennsylvania Avenue NW Washington, DC 20004-2595



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/009 476	12/11/2001	Tochio Kasama	2260/50666	1854	

TITLE OF INVENTION: OPHTHALMIC OINTMENTS FOR TREATMENT INFECTIVE EYE DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330	\$0	\$1330	04/16/2004	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS]		
AZPURU, O	AZPURU, CARLOS A		424-427000	-		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or printing on the patent front page es of up to 3 registered patent at SOR, alternatively, (2) the name (having as a member a registered at) and the names of up to 2 registreys or agents. If no name is listed be printed.	attorneys or 1 Crowe of a single lattorney or 2	ll & Moring LLP	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Toyama Japan

Dha

TOA Fharmaceutical Co., Ltu.	royama, Japa	all		
Please check the appropriate assignee category or categories	s (will not be printed on the patent);	individual X corporati	on or other private group entity	☐ government
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
State Fee ±	XA check in the amou	unt of the fee(s) is enclosed.		
☐ Publication Fee	☐ Payment by credit c	ard. Form PTO-2038 is attact	hed.	
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